L11000178562

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	r
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



000291080730

10/14/16--01014--025 **30.00

TERRY OF STATE

S Warren 0CT 14 2016

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Captains Boat Shop LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Andrew Brovitz Name of Person
Captains Board Shop LLC Firm/Company
1650 S. Tamiani Trail Address
Sarasota FL 34234 City/State and Zip Code
E-mail address: (to be used for Juture annual report notification)
For further information concerning this matter, please call:
Name of Person at (206) 457 9817 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$ Certificate of Status \$55.00 Filing Fee \$ Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	3hop LLC
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp.	any were filed on 9/23/16 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	<u>iability company here</u> :
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7650 South Tamiani Trail
(Principal office address MUST BE A STREET ADDRESS	1 Suite 12
	Surasota Florida 34231
Enter new mailing address, if applicable:	7650 South Taniami Trail Suite 12
(Mailing address MAY BE A POST OFFICE BOX)	· ·
	Surasota Florida 34231
registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the new</u> here:
Name of New Registered Agent:	- 1 1 - 11 - 12
New Registered Office Address: 7650	South Tamiani Trall Suite 12 Enter Florida street address Sota City Taniani Trall Suite 12 Zip Code ent:
Sara	Sota , Florida 3423 \
	City Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:
provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of	agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is fice address, I hereby confirm that the limited liability
company has been notified in writing of this change.	
If C	Changing Registered Agent, Signature of New Registered Agent.

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			🗆 Add
			Remove
			Change
			D Add
			□ Remove
			Change
			Remove
			Change
		1 200 1 200	Remove Change
		STATE	Remove Change

-							•	
1								
						•		
	,							
								
 						*** ** **		<u> </u>
								
				<u> </u>				
fective dat o an effective da	e, if other than the	e date of filing ust be specific and	cannot be prior to	date of filing or mo	re than 90 days	option s after fil	al) ing.) Purs	suant to 605.02
ote: If the d	late inserted in this b fective date on the I	olock does not m	eet the applicab	le statutory filing	requirements	s, this d	ate will	not be listed
	pecifies a delaye day after the rec		ate, but not	an effective ti	me, at 12:	01 a.r	n. on t	he earlier
	Hember 23	3	2016					
ted Sec		- ,		. •				
ited <u>Seq</u>		λ	1///					
ited <u>Se</u>	1	Mark	2000 V	zed representative	ıf a memher		7 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i gazara
nted <u>Se</u>		Signature of a n		zed representative of	of a member) CRET		1 600
nted <u>Se</u>	Andrei	Signature of a n	; ;\ \			SSVII SVIII	1-2	
ated <u>Se</u>		Signature of a n				HASE MASE		

Filing Fee: \$25.00